FRED A. RISSER

President
Wisconsin State Senate

Testimony on Senate Bill 181
Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue
May 5, 2009

Senator Erpenbach and members of the Committee:

Thank you for holding a hearing today on Senate Bill 181, the Smoke Free Wisconsin Act.

The Smoke Free Wisconsin Act will prohibit smoking in all Wisconsin workplaces. All workers will be protected from the effects of second hand smoke; all businesses will be regulated equally.

For 25 years, Wisconsin's Clean Indoor Air Act (which I authored)—the current law governing smoke free environments-- has served as a minimum standard. Increasingly over the years, the strength of this law has become its greatest source of controversy—local control of smoking regulation.

Current law has created the problem of patchwork regulation of smoking throughout the state. Currently, there are 37 different communities with smoke free ordinances. Eleven of these communities have enacted their ordinances since smoke free workplace legislation was introduced during the 2007 Session.

The Smoke Free Wisconsin Act will eliminate the patchwork of regulation that has developed under current law. This legislation provides a high standard of protection for all indoor areas, leaving only regulation of outdoor areas to local government.

Another benefit to enacting a comprehensive smoke free workplace law is that it will improve the health of Wisconsin residents.

Non-smokers are contracting lung cancer at alarming rates due to increased, and unwanted, exposure to second hand smoke. According to the Centers for Disease Control, nonsmokers exposed to secondhand smoke increase their risk of contracting heart disease and lung cancer by 20-30%. Restaurant and bar employees are more likely to be subjected to unwanted exposure to secondhand smoke than other workers.

According to the Wisconsin Department of Health Services *Burden of Tobacco Report (2006),* nearly 16% of all annual deaths in Wisconsin are directly attributable to cigarette smoking. In addition, $2.16 billion is paid annually in Wisconsin direct health care costs. Clearing the

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air of second hand smoke will save lives, and decrease the overall cost of health care in our state.

Over one half of the population of the United States lives in an area covered by smoke free workplace laws. Twenty-two states, the District of Columbia and Puerto Rico have adopted workplace smoking laws, including our neighboring states of Minnesota, Iowa, and Illinois. Additionally, three more states will implement comprehensive smoke free workplace laws before the end of 2009. According to a March 2009 polling done by Mellman Group/Public Opinion Strategies, an overwhelming 69% of Wisconsin voters support a statewide smoke-free law that includes bars and restaurants.

The time has come to provide a healthy environment for workers and patrons alike. The time has come to ensure that businesses throughout the state are governed by one strong law regarding smoking in the workplace. The time has come to enact the Smoke Free Wisconsin Act.

Thank you for your consideration of this important issue.

State of Wisconsin
Department of Health Services

Jim Doyle, Governor
Karen E. Timberlake, Secretary

Testimony of Secretary Karen E. Timberlake, Department of Health Services
SB 181
Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief and Revenue
May 5, 2009

Senator Erpenbach and members of the Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue, thank you for providing me the opportunity to speak on this important public health issue.

Secondhand smoke is a serious public health problem. As the Surgeon General of the United Stated reported in a 2006 Report, there is no safe level of exposure to secondhand smoke. It's a serious health hazard that causes premature death and disease in non-smoking adults. Eliminating secondhand smoke from the places we work, eat, and shop is just as important to our health as ensuring our food, water, and public facilities are safe.

Smoke-free laws combat the effects of secondhand smoke and dramatically improve the health of both the employees and patrons they protect. A recent CDC study found that heart attack hospitalizations in Pueblo, Colorado decreased 41% just three years after the passage of their smoke-free ordinance.

We've already seen health benefits here in Wisconsin. Just one year after the Madison and Appleton smoke-free ordinances went into effect, non-smoking bartenders saw a significant decrease in the prevalence of eight upper respiratory symptoms (Source: UW Paul P. Carbone Comprehensive Cancer Center Study).

This issue affects all Wisconsin citizens, both young and old. Children are particularly sensitive to secondhand smoke. It can cause acute lower respiratory infections such as bronchitis and pneumonia in infants and young children.

Tobacco takes a terrible toll on our state's health. It's our leading cause of preventable death, and over 8,000 of our residents die each year from tobacco-related illness (Source: 2006 Burden of Tobacco in WI). Secondhand smoke accounts for more than 800 annual deaths in Wisconsin. That means secondhand smoke kills more people in Wisconsin each year than motor vehicle accidents.

In addition to saving lives, we have the opportunity to dramatically lower our state's health care costs. Wisconsin spends over $2 billion each year in health care costs for illnesses directly caused by smoking, including nearly $500 million in Medicaid costs. When you add in the additional $1.7 billion the state loses annually in lost worker productivity due to smoking related illness, it is clear that Wisconsin simply can not afford to continue this way in these tough economic times.

Smoke-free workplace laws not only encourage adults to quit smoking, but also encourage young people not to start smoking.

A 1999 study in *Tobacco Control* found that requiring all workplaces to be smoke-free would decrease smoking prevalence by 10%. A separate 2001 study in the same publication reported that employees in workplaces with smoking bans have higher rates of smoking cessation than employees where smoking is permitted.

A 2000 study in the *Journal of the American Medical Association* reported that "The results from [these] national surveys [on youth smoking] strongly suggest that smoke-free workplaces and homes are associated with significantly lower rates of adolescent smoking."

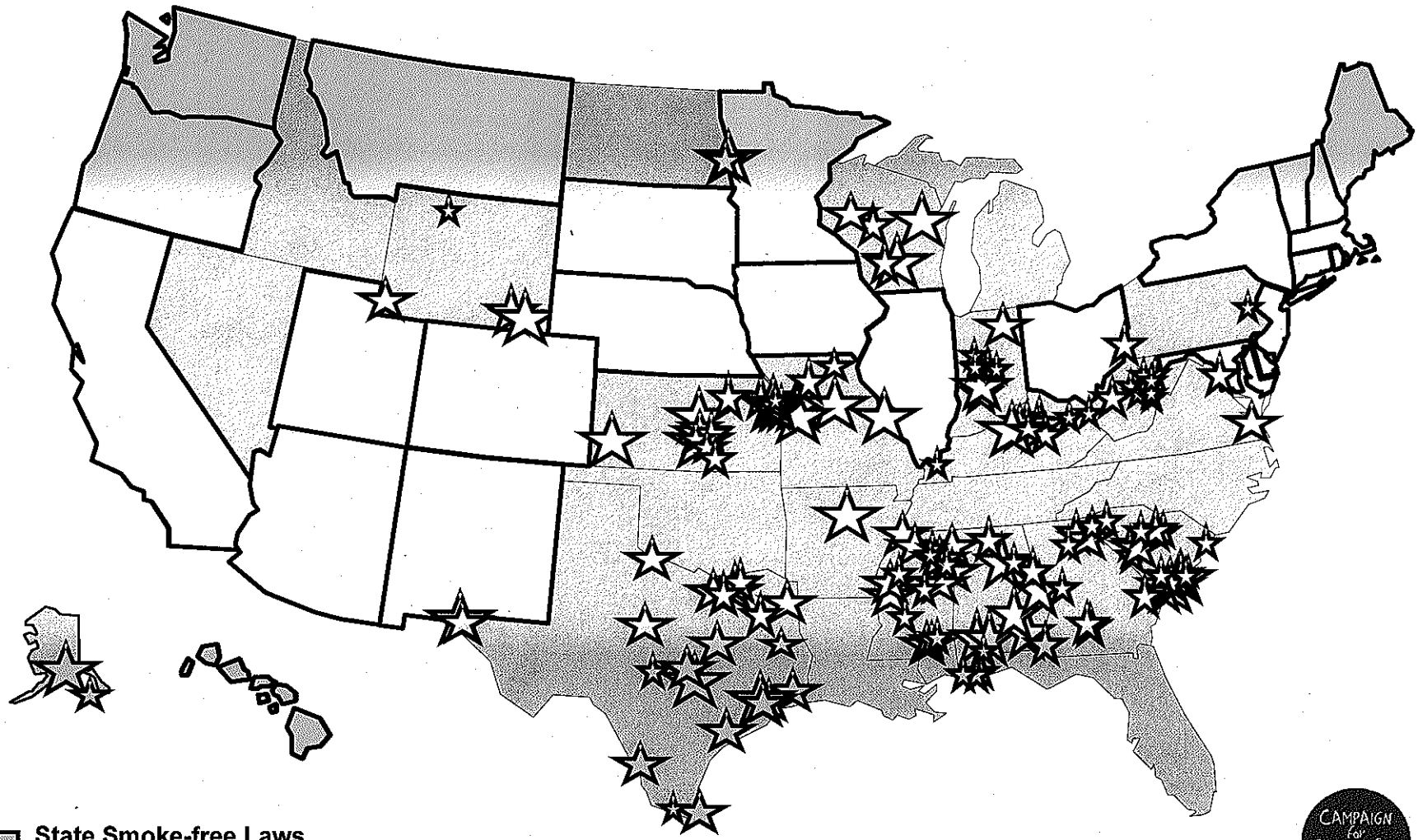
Over two-thirds of Wisconsin residents support smoke-free workplaces, and 38 Wisconsin communities have passed local smoke-fee air ordinances, 11 of which include all workplaces.

The time is now for Wisconsin to join the list of 25 U.S. states, as well as Washington D.C. and Puerto Rico in providing our citizens with protection from secondhand smoke through a comprehensive smoke-free workplace law that covers all restaurants and taverns.

Every Wisconsin resident has the right to breathe clean air. I urge you to honor that right and the health of all Wisconsinites by making our state smoke-free by supporting SB 181.

Thank you.

Smoke-Free Restaurant and Bar Laws



State Smoke-free Laws Including Restaurants & Bars

Local Smoke-free Laws Including Restaurants & Bars

- NE law effective 6/1/09, SD law effective 7/1/09
- MT law extends to bars 10/1/09.

CAMPAIGN for TOBACCO-FREE Kids

March 2009

Testimony before the Wisconsin State Senate Health, Health Insurance, Privacy, Property Tax, and Revenue Committee

Tuesday, May 5, 2009

Jari Johnston-Allen , CEO, American Cancer Society MW Division

As CEO of the American Cancer Society and a resident of Wisconsin I am committed to doing everything possible to alleviate the burden of cancer in our state.

This year in Wisconsin close to 28,000 people will be diagnosed with cancer, more than 11,000 of whom will die.

One of the most deadly forms of the disease is lung cancer. Less than 25% of the 4,000 people in Wisconsin told they have lung cancer this year will live to see next year. The five year survival rate for lung cancer is 15%. These are odds no one should have to face especially if their illness is because of secondhand smoke.

Secondhand smoke is a serious health hazard that contains at least 69 known carcinogens including benzene, cadmium, and vinyl chloride. These chemicals have all been linked to increased risk of lung, liver and brain cancer as well as leukemia and lymphoma.

Every day countless workers in Wisconsin are forced to inhale these toxins as part of their work environment. They spend long shifts doing hard work only to be rewarded with poor health and increased risk for cancer. Nonsmoking bar and restaurant workers have as much as 50 percent greater risk of dying of lung cancer than the general public due in part to their exposure to secondhand smoke on the job.

These are people like Jennifer Sullivan of Milwaukee, June Farkas of Superior and Rebecca Pagel of Lena, all of whom submitted their stories to the Holding Our Breath website.

Jennifer Sullivan is a manager at a popular pub and restaurant in Milwaukee and she's pregnant. She writes that she wants a statewide smoke-free law because right now she's forced to choose between going to work in order to make money to support her baby and her baby's health.

June Farkas of Superior writes that her would-be mother in-law was a nonsmoking waitress and bartender but died of lung cancer when June's husband was just seven years old. June wonders how many little boys will have to grow up without a mom and wants to know what Wisconsin is waiting for when it comes to a statewide smoke-free law.

Rebecca Pagel of Lena would also like an answer to that question. Rebecca writes that her father smoked a pack a day and she took care of him during the last three weeks of his life while he struggled to breathe. She says that if smoking affected only those who made the choice to smoke, she would have no problem with that, but the price others are forced to pay is unacceptable.

The price Wisconsin is forced to pay in smoking related health care costs is $2 billion annually, $500 million of which comes direct from taxpayers in the form of Medicaid payments.

In 2004, which is the most recent data available, the Centers for Disease Control estimated the annual cost of treating lung cancer in the United States at $9.6 billion dollars. The average Medicare payments per individual with lung cancer was nearly $25,0000. And overall cancer treatment accounted for an estimated $72.1 billion—just under 5 percent of U.S. spending for all medical treatment.

At a time of record budget deficits we need to do everything possible to reduce the burden of tobacco in Wisconsin. Eliminating secondhand smoke at work is an effective way to reduce the risk of cancer and improve public health.

A University of Wisconsin study of bartenders in Madison and Appleton found a significant reduction in upper respiratory problems including wheezing, coughing and shortness of breath among non-smoking bar workers in the weeks after both cities went smoke-free.

A University of Minnesota study found an 83% reduction in tobacco-specific cancer causing chemicals in nonsmoking bar workers after Minnesota's 2007 smoke-free law went into effect.

These are just two studies among decades of research that has proven the health hazards of secondhand smoke and the benefits of going smoke-free.

Moreover, going smoke-free is popular. A series of recent polls conducted in Eau Claire, Appleton and Marshfield, show well over 70% of people in these communities support their city's smoke-free ordinance. There are now a half million people in Wisconsin living in smoke-free cities and 25 states that have passed strong smoke-free laws.

Clearly going smoke-free is becoming the norm not the anomaly, which is great for the workers and public in some Wisconsin communities, but is insufficient for the rest of the state.

Without a statewide law, Danielle Berkovitz a Hodgkin's Lymphoma survivor in Kewaunee whose treatment reduced her lung function cannot go enjoy an evening out with friends without risking her health.

Katie Wojtak a breast cancer survivor in Kenosha will have to stay home rather than fully live the life she fought to keep because her cancer treatment aggravated her asthma and she can no longer tolerate secondhand smoke.

And Kelly LaPorta, a cancer survivor in Cedarburg, will keep wondering when Wisconsin will fully commit to further eradicating a disease she never wants her young son to face.

Danielle, Katie and Kelly along with every cancer survivor and every person in the state of Wisconsin deserves the right to smoke-free air at work and in public.

As the CEO of the Midwest Division of the American Cancer Society, a citizen of Wisconsin and someone with a deep commitment to reducing the number of needless deaths from cancer in our state I urge you to support a strong statewide smoke-free workplace bill.

We've been holding our breath long enough!

To the Committee on Health, Health Insurance, Privacy, Property, and Tax Relief and Revenue:

My name is Sandy Bernier and I live at 831 Minnesota Ave North Fond due Lac. Thank you to all the members of the committee for the opportunity to speak to you to day in support of SB 181.

This Sunday is Mother's Day, the last time I had an opportunity to spend Mother's Day with my mother was 25 years ago, May 1984, just three months before she was diagnosed with pancreatic cancer due to a lifetime addiction of smoking at least two packs of cigarettes a day,

Beatrice McCabe was her maiden name, she was a strong-willed, independent, self determined woman who ran her own restaurant for years, worked as a nurses aid for a time, had the voice of an angel which came in handy on long road trips. We all preferred her Amazing Grace to any song on the radio. She died a painful death where no amount of morphine could ease the pain. I was only 26-years-old when she left me, wondering how would I remember her face, her scent, her soft skin, her hands that held me from birth through all the ups and downs of a life that was meant to be shared with a woman who would face any hardship to protect and care for her children.

In 1996, my brother Jeff, a heavy smoker, never woke when his alarm went off for an early job interview; he had a massive heart attack. Jeff also worked in the bar/restaurant business for years.

In 2003, my oldest brother, David, was an entertainer. He grew up in the restaurant business, worked in the bar business and was a heavy smoker. He actually ran a bar here for a while in Madison. I wasn't 21 at the time, so I never was able to visit the bar here, but he loved Madison, the people, the atmosphere. David later moved to Naples and worked year round as a musician. The last time I saw David, was just before he died, he was sitting in a wheel chair smoking a cigarette. He also died of pancreatic cancer.

They are gone, but I am here today. I am their voice; I have to find their words to say to you. Their words would not be 'it's an adult choice, a right, or a freedom'; those were and are the words of an industry that has put profits before the health of an entire nation. David told me before he died, "someone has to do something about this killer". Their words would be to support SB 181, today. Stepping outside saves lives, supports people who want to quit smoking, and ends substantial human suffering.

Sandy Bernier CSW

Sandy Bernier

American Cancer Society Volunteer

OFFICE OF THE MAYOR
201 DELAFIELD STREET
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TELEPHONE 262/524-3700 FAX 262/524-3899

Larry Nelson, Mayor
mayor@ci.waukesha.wi.us

April 30, 2009

Dear Wisconsin Senators and Representatives,

I am writing to urge you to support an exemption in the upcoming smoking ban bill for a business in my city. The Nice Ash Cigar Bar is an asset to Waukesha and our historic downtown in particular. Nice Ash opened up 3 years ago and is an important part of our downtown's renaissance. Jeff and Joette Barta believed in our downtown when few others did. It has been very successful and has helped to draw other key businesses and restaurants to the downtown area. They run a good business that has never had any issues with law enforcement. In addition, they are active in the community and sponsor numerous charity events throughout the year.

As a cigar bar they are a smoking destination, meaning no one will wander into the business and be surprised they allow smoking. It simply would not be fair to prohibit smoking in a cigar bar or tobacco shop. These businesses could not survive a smoking ban and many jobs would be lost.

The Barta's have invested heavily in their business. They have two walk in humidors, air cleaning equipment and thousands of cigars in their inventory. Smoking at their establishment is a necessary component of their business model.

Please consider providing an exemption for Cigar Bars in the smoking ban legislation. I would hate to lose an asset for economic development that is helping to revitalize our downtown. They have recently purchased their building and are planning an expansion which depends upon their ability to provide a smoking environment. The expansion will definitely benefit our downtown by demonstrating the viability of businesses and hopefully attract even more investment.

Please feel free to contact me with any questions. Thank you for taking the time to consider my opinions and your daily efforts that help make Wisconsin a great state.

Sincerely,

Larry Nelson

Mayor Larry Nelson

LN/cc

Legislators/nice ash

Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue
Public Hearing Regarding Senate Bill 181
Tuesday, May 5, 2009
10:00 AM
411 South
State Capitol

Thank you Senator Erpenbach and members of the committee for this opportunity to speak in favor of smoke free workplaces for all workers and all customers in Wisconsin. I am Amy Basken. I am the cofounder of Mended Little Hearts of Southern Wisconsin, I am the national chair of the advocacy committee for Mended Little Hearts and I serve on the advocacy advisory committee for the American Heart Association here in Wisconsin. But most importantly I am mother of Nicholas, a congenital heart defect surivor.

People often ask "Since you don't smoke, why do you care about a smoke-free workplace?"

As a mother, and asthma sufferer, I care. Exposure to secondhand smoke causes heart disease, lung cancer and other tobacco-related diseases. Breathing secondhand smoke worsens asthma, damages arteries, the heart, brain and other major blood vessels. Even the U.S. Surgeon General realizes that there is no safe level of exposure to secondhand smoke. The only way to prevent these deadly illnesses is to completely eliminate smoking in all enclosed workplaces. Noone should have to choose between the health of themselves and their paychecks. Especially during these difficult times. Don't our children deserve to be spared as well?

As a speech therapist, helping people who suffer from the effects of stroke, I care. Smoking is a major cause of cardiovascular disease, which includes coronary heart disease, and stroke, the nation's No. 1 and No. 3 killers. Survivors of heart disease and stroke are often debilitated, dramattically changing their lives and those around them.

As a tax-payer I care. The current employment and healthcare climate increase the burden of chronic health disease on the employer, co-worker and tax payer in both the public and private sector.

I care, and you should, too. I urge you to support Smoke Free Wisconsin, for yourself, your children, and for all your loved ones.

Thank You..

Sincerely,

Amy Basken

Amy Basken
Mother of 3
National Advocacy Chair Mended Little Hearts
American Heart Association Advocate

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Prairie du Sac, WI 53578
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amybasken@charter.net

WISCONSIN INNKEEPERS ASSOCIATION
W I A
Serving the
Lodging Industry
for Over 100 Years

May 5, 2009

To: Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue (Sen. Jon Erpenbach, Chair)
From: Trisha Pugal, CAE
President, CEO
RE: **SB 181 Statewide Smoking Ban**

On behalf of the Board of Directors of the Wisconsin Innkeepers Association, representing over 950 hotels, motels, resorts, inns, and bed & breakfasts around the state, we respectfully encourage your support of SB 181 without any amendment that removes the currently stated allowance for up to 25% of private sleeping rooms in a lodging property to be smoking rooms.

The following points will support this request:

- Private sleeping rooms in lodging properties are much more similar to private residences than to interactive public rooms in facilities such as restaurants or bars
- It is not possible, nor is it legal from a privacy perspective, to monitor for smoking in private sleeping rooms, making this unenforceable.
- As sleeping rooms offer a private environment where sleeping attire is common, going outside to smoke, especially in properties with multiple levels and limited exits, is not a realistic option
- When some smoking rooms are an option, it is much less likely that a guest would smoke in a smoke-free room
- If all sleeping rooms at all properties must be smoke-free, it is likely there will be more smoking violations, which unfortunately cannot be witnessed, making it difficult to collect damages when the guest has already left the premises.
- Lodging properties would be left with: an unanticipated 800% increase in cleaning time needed to deeply clean the room, resulting in rooms not being available for the next guest, having to absorb the costs when the guest denies smoking and the charges imposed, and potential liability if the next guest promised a smoke-free room has a medical reaction to any smoke remnants missed in the rush.
- Most of the other states with statewide smoking bans provide for a similar percentage of private sleeping rooms that may be smoking rooms.
- European travelers smoke more prevalently, and are accustomed to private smoking rooms when traveling in

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the United States. With other states accommodating these travelers, this provides a deterrent to coming to Wisconsin, resulting not only in lost business for tourism, but also lost sales tax revenue.

- The 25% cap formula imposes a new restriction, and is a compromise that already will challenge roadside motels in particular, as their guests are more frequently than not smokers.

Please retain the 25% cap on private sleeping rooms and avoid passing legislation that is unenforceable within the privacy of a lodging sleeping room.

Cc: WIA Executive Committee
Kathi Kilgore

May 5, 2009

Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief, and Revenue

Committee Members, thank you for the opportunity to speak to you this morning.

My name is Jeff Melby. I live in Portage and work in the Columbia – Sauk County area. I'm here today to urge you to support SB 181 promptly and without unnecessary exemptions. This issue is important to Wisconsin citizens.

I would also like to put a face on this issue as I gave to the members of the Joint Finance Committee. My daughter Michaela was born with a congenital heart condition that affected her re-circulation of oxygen. When she was 7 months old, our family spent three weeks at Milwaukee Children's Hospital to have her condition operated on - one week in intensive care and two more weeks in recovery. Fortunately, she had one of the finest Pediatric Cardiologists in the Midwest and is doing well today.

Since her surgery, the importance for her health (and our family's) has us avoiding ANY public place where tobacco smoke is present because of the very detrimental, even short-term effects it can have on anyone's heart, but especially hers. We have always been cautious that she is not exposed to tobacco smoke - but that has not always been an easy task.

Please take a moment to think about an excited 7 year old child who receives a birthday party invitation to go to the bowling alley - an obviously fun activity. Now imagine trying to explain to her she won't be able to attend her friend's party. We tell her it is only because this public place unfortunately has "heart poisons" in the air, but a child has quite a hard time understanding this as you might guess.

This issue has also come up in a different way recently when her school class was to go to the bowling alley as part of their PE curriculum. We contacted the teachers and principal of the school and inquired why students were participating in an activity that was being held at a potentially unhealthy venue. We also questioned if school districts from all over the state regularly do this – leave tobacco-free school grounds (by state law) and hold activities at facilities that allow smoking. It brings up the hard question between a school's required participation for student's PE curriculums in what is meant to be a fun, healthy physical activity and the unhealthy environments where they might participate.

Hopefully these are more examples of why all citizens deserve protection in the form of smoke-free public places. My daughter's hope is to be able to have a future that does not need to worry about any "heart dangers" wherever she wants to be. Again, please support this legislation before you. Thank you.

Jeff Melby, Portage

American Society of Addiction Medicine

Michael M. Miller, M.D., FASAM, FAPA
President, American Society of Addiction Medicine
Medical Director
NewStart Alcohol/Drug Treatment Program
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Associate Clinical Professor, UW School of Medicine & Public Health

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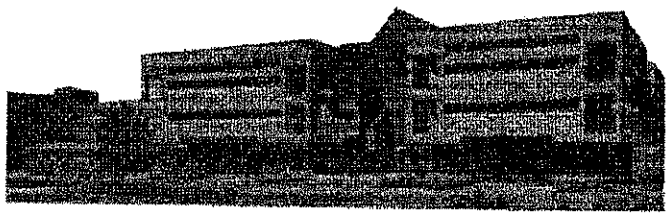
OFFICE OF THE SHERIFF



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Waukesha County Jail
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Waukesha County Huber
1400 Northview Road
Waukesha, WI 53188

DANIEL J. TRAWICKI, *Sheriff*

May 1, 2009

Governors Office
PO Box 7863
Madison, WI 53707

RE: Smoke Free Wisconsin Act (LRB0086/LRB1080)

To Whom it May Concern:

I am aware of the pending legislation introduced regarding Smoke Free areas in Wisconsin, which generally speaking I support. I do understand however, there is the possibility of some exemptions to this bill. I can tell you first hand that in our county, we've had several different situations in which fund raisers have been held for our Sheriff's Department specialty units such as our K9 Unit or Tactical Unit, in which the fundraiser was actually held by either tobacco stores, or tobacco type establishments. In that regard, their contribution to our department is dependent upon their ability to have or host a charitable event that would include smoking.

In the situations I've been involved in as invitations and information goes out regarding the specific charitable event, all of the people invited are made aware of the fact that it is a tobacco store hosting the event and certainly are made aware of the fact that smoking will be occurring at this charitable event. They would be able to make a decision on their own as to whether or not they chose to attend. I realize there are many different exemptions likely to be introduced and reviewed in this matter and I would ask you to consider an exemption for certain charitable events, which has helped our agency in our ongoing efforts to maintain our level of service in difficult budget situations.

Should you have any questions regarding this matter, please feel free to contact me.

Sincerely,

Daniel J. Trawicki, Sheriff
Waukesha County Sheriff's Department

Marilyn Townsend
ATTORNEY AT LAW

Admitted to practice in
WI, D.C., MD, GA

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Support of State-wide Smoking Ban in Wisconsin
May 4, 2009

My name is Marilyn Townsend. I am an attorney in Madison, Wisconsin, and a local elected official. I support a law that would institute a state wide smoking ban in Wisconsin.

For more than ten years, I have served as a Trustee for the Village of Shorewood-Hills. In the early 1990s, our community passed one of the first no smoking ordinances in the state.

Smoking is clearly a public health issue. Both of my parents died prematurely from smoke related illnesses. Their final years were spent, (at great expense to taxpayers) on oxygen at the Veterans' Home in King, Wisconsin.

When I was growing up, we did not know that smoking was so dangerous. I recall as a child mouthing a jingle from smoking commercials, "Take a Puff – It's Spring Time Again."

I am aware that a state wide smoking ban is opposed by many of the tavern owners in Wisconsin. I do not believe a smoking ban would hurt such businesses, which I have patronized since I was a child.

I was born and raised in northern Wisconsin. When I was a child, one of the most pleasing words my Mother would say, is "Let's go to the Tavern." Wisconsin taverns are a gathering place for families in small towns. My mother's funeral lunch was held at a local tavern, as was the funeral lunch of my father and my brother. In my trips up north, I often stop in at the taverns, and meet with my nephews and other family members. Some of my relatives smoke, most do not.

I do not believe it is a hardship to ask those individuals who smoke, my relatives included, to go outside. Many times only a few people in a crowded bar are smoking, and if they are permitted to smoke inside they ruin it for the rest of us.

Lastly, I am acutely aware that taverns and other businesses have voiced their complaints that a state wide smoking ban will not apply to the tribal casinos. I share their distress. I urge lawmakers to impress upon the tribal casinos the importance of being good neighbors. I think we should ask the Wisconsin casinos to ban smoking, as currently occurs at the Illinois casinos. In the event the Wisconsin casinos refuse to do so willingly, I believe we should pursue all political and legal leverage to ban smoking at Wisconsin tribal casinos.

CHARITABLE EVENTS LANGUAGE FROM PENNSYLVANIA

(7) A place where a fundraiser is conducted by a nonprofit and charitable organization one time per year if all of the following apply:

(i) The place is separate from other public areas during the event.

(ii) Food and beverages are available to attendees.

(iii) Individuals under 18 years of age are not permitted to attend.

(iv) Cigars are sold, auctioned or given as gifts, and cigars are a feature of the event.

(8) An exhibition hall, conference room, catering hall or similar facility used exclusively for an event to which the public is invited for the primary purpose of promoting or sampling tobacco products, subject to the following:

(i) All of the following must be met:

(A) Service of food and drink is incidental.

(B) The sponsor or organizer gives notice in all advertisements and other promotional materials that smoking will not be restricted.

(C) At least 75% of all products displayed or distributed at the event are tobacco or tobacco-related products.

(D) Notice that smoking will not be restricted is prominently posted at the entrance to the facility.

(ii) A single retailer, manufacturer or distributor of tobacco may not conduct more than six days of a promotional event under this paragraph in any calendar year.

City of Milwaukee
Health Department

Tom Barrett
Mayor

Bevan K. Baker, FACHE
Commissioner of Health

Administration

Frank P. Zeidler Municipal Building, 841 North Broadway, 3rd Floor, Milwaukee, WI 53202-3653 phone (414) 286-3521 fax (414) 286-5990
web site: www.milwaukee.gov/health

May 4, 2009

Senator Jon Erpenbach, Chair
Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief & Revenue
Room 8 South
State Capitol
Madison, WI 53707

Dear Members of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief & Revenue,

I am writing to ask for your support for Senate Bill 181, which would create a statewide smoking ban in indoor places.

This legislation will help alleviate both the economic and societal costs associated with smoking. We will see a savings due to a reduction in health care costs, lost productivity, disability and death both in terms of potential reductions in the price of health insurance premiums, as well as a reduction in the medical assistance contribution made by taxpayers.

According to the 2006 report *Burden of Tobacco in Wisconsin*, there are approximately 7,215 deaths annually in Wisconsin because of smoking, with 807 occurring annually in the City of Milwaukee. In addition, secondhand smoke is the third leading cause of preventable death in the United States. Every year, secondhand smoke kills 53,000 nonsmoking Americans. The U.S. Surgeon General has concluded that eliminating smoking in indoor places is the only way to protect nonsmokers from exposure to secondhand smoke. This bill offers a solution to protect members of our community from the dangers of smoking.

I urge your support for enacting a statewide smoking ban. This ban will promote an improvement in public health and reduce the burdens that smoking places on an already stretched health care system.

Sincerely,

Bevan K. Baker, FACHE
Commissioner of Health

Cc: Members of the Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief & Revenue

WISCONSIN PUBLIC HEALTH ASSOCIATION

WISCONSIN ASSOCIATION OF LOCAL HEALTH DEPARTMENTS & BOARDS

TO: **Chairman Erpenbach** and members of the Senate Health, Health Insurance, Property Tax Relief and Revenue Committee

FROM: **Eric Ostermann, WPHA & WALHDAB Executive Director**

DATE: **May 5, 2009**

RE: **Please support Senate Bill 181 – *the Statewide Smoke-Free Legislation***

The Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards would respectfully request your **support for Senate Bill 181**, the statewide smoke-free legislation.

As you know, this important legislation would require indoor public locations and workplaces to be smoke-free and, in the process, improve the public health of Wisconsin and protect the right of citizens to breathe clean air. Just as your constituents expect to have clean drinking water and a safe food supply, they also expect to breathe clean air – whether they are at work or out to eat with their families.

The science on secondhand smoke is patently clear. Decades of medical research have confirmed secondhand smoke is a proven human health hazard that causes premature death and disease in non-smokers. The Environmental Protection Agency has classified secondhand smoke as a carcinogen known to cause cancer in humans. It also significantly increases the risk of life-threatening heart disease among non-smokers and fosters the development of asthma in children.

WALHDAB and WPHA strongly believe Wisconsin citizens deserve protection from secondhand smoke. More importantly, over two-thirds of Wisconsin voters (69%) support a statewide smoke-free law. Twenty-five states, as well as Washington D.C. and Puerto Rico have already enacted comprehensive smoke-free workplace laws. It's time for Wisconsin to provide those same protections for our citizens.

More than twenty years of scientific research illustrating the dangers of secondhand smoke cannot be ignored. Wisconsin citizens deserve the right to *Breath Free* and work in a smoke-free environment. Once again, the Wisconsin Public Health Association and the Wisconsin Association of Local Health Departments and Boards would urge you to support Senate Bill 181.

If you have any questions, please do not hesitate to contact our government affairs consultants, Michael Welsh or Ryan Natzke, at (608) 310-8833.

Together, WPHA and WALHDAB represent over 1,100 members statewide, from state and local public health officials to public health professionals in academia and the private sector. We are dedicated to promoting and protecting public health in Wisconsin, which is vital to a healthy population, lower health care costs and a thriving economy.

702 Eisenhower Dr. Suite A, Kimberly, WI 54136 • Telephone: (920) 882-3650
www.wpha.org www.walhdab.org

SMOKE FREE WISCONSIN

Preserving the right to live and breathe tobacco free

To: Senator Jon Erpenbach, Chair

Members of Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief and Revenue

From: Maureen Busalacchi, Executive Director, SmokeFree Wisconsin

Date: May 5, 2009

RE: Support for SB 181

Good morning. Thank you, Senator Erpenbach for holding a hearing on SB 181. This is important public health policy and we are pleased to see this moving forward.

Let me start off by saying smoke-free air laws are very popular with the public as we have seen sky high satisfaction rates in cities that have passed these laws. (The Marshfield ordinance that was implemented in two weeks over a year ago had a 77% rate of satisfaction among voters. More people approve of it now then voted for it a year ago.) The statewide poll that was conducted last year showed a 69% of the population wants a statewide smoke-free air law. Since then, over 250,000 people are now covered by comprehensive local ordinances that were passed since the last legislative session ended. That certainly helps make a smoke-free air laws easier to enforce because the public wants them and enjoys them.

Making all Wisconsin work places smoke-free is incredibly important and critical to the health of workers in Wisconsin. We know from studies done around the world that smoke-free air laws bring immediate health benefits to workers. We see lower respiratory distress symptoms that go away almost immediately. We know that heart attack rates for the population as a whole drop. And it makes for a cleaner, healthier environment to work in. You have the power to change that.

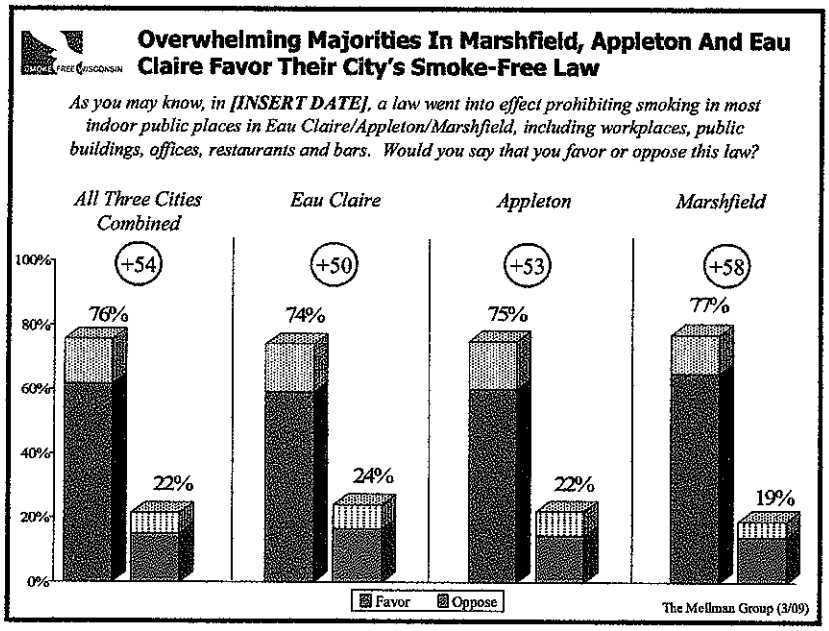
But the real reason to pass this law is because of the people that have been adversely affected by secondhand smoke. Exposure to secondhand smoke is dangerous and no worker should have to deal with that. We have collected literally hundreds of stories of people who have been harmed or have someone they care about harmed by secondhand smoke. Cancer rates are 3 – 4 times higher in waitresses and bartenders when compared to the general population. *I've traveled around the state and have heard real stories about waitresses who have had to quit their jobs because they became pregnant and worried about the effects of their work environment on their child. I've heard about bartenders becoming chronically ill from the secondhand smoke they've inhaled at during work hours.* In these tough economic times, no one should have to choose between their health and a paycheck. There is no reason we can't change this in Wisconsin and create healthy environments for all workers. Wisconsin does that for bank tellers and cashiers at our local grocery and retail stores. Bartenders and waitresses deserve the same protection. It's time for a strong statewide smoke-free air bill, and I urge you to pass SB 181.

401 Wisconsin Avenue Madison, Wisconsin 53703-1419 Phone 608-268-2620 Fax 608-268-2623

THE MELLMAN Group RESEARCH BASED STRATEGY

TO: Smoke Free Wisconsin
FROM: The Mellman Group, Inc.
RE: Surveys In Smoke-Free Communities In Wisconsin
DATE: April 3, 2009

The Mellman Group conducted citywide surveys of 400 registered voters in Marshfield and 400 likely voters in Appleton and Eau Claire. The polls were conducted by telephone February 23-25 in Appleton and Eau Claire, and March 21-24, 2009 in Marshfield, using registration-based samples. The margin of error for each survey is +/-4.9%, at the 95% level of confidence. The margin of error is larger for subgroups.



Voters In Smoke-Free Cities Overwhelmingly Support Their Smoke-Free Laws

In April 2008, we conducted a statewide survey of likely voters in Wisconsin, in partnership with Republican polling firm Public Opinion Strategies, showing that 69% favor a statewide smoke-free law that prohibits smoking in most indoor public places, including all workplaces, public buildings, offices restaurants and bars, and that only 28% oppose such a law.

This year, instead of conducting another statewide survey, we measured support for already existing smoke-free laws in Appleton, Marshfield and Eau Claire, which have each implemented comprehensive smoking restrictions in the last four years. We found that support for the smoke-free laws in these three cities is actually stronger than support for a statewide smoke-free law. Indeed, 74% of voters in Eau Claire, 75% of voters in Appleton and 77% of voters in Marshfield all favor their cities prohibition on smoking in indoor public places. This suggests that, contrary to the doomsday predictions put forth by some opponents of these laws, smoking restrictions have been enthusiastically embraced in cities that have implemented them.

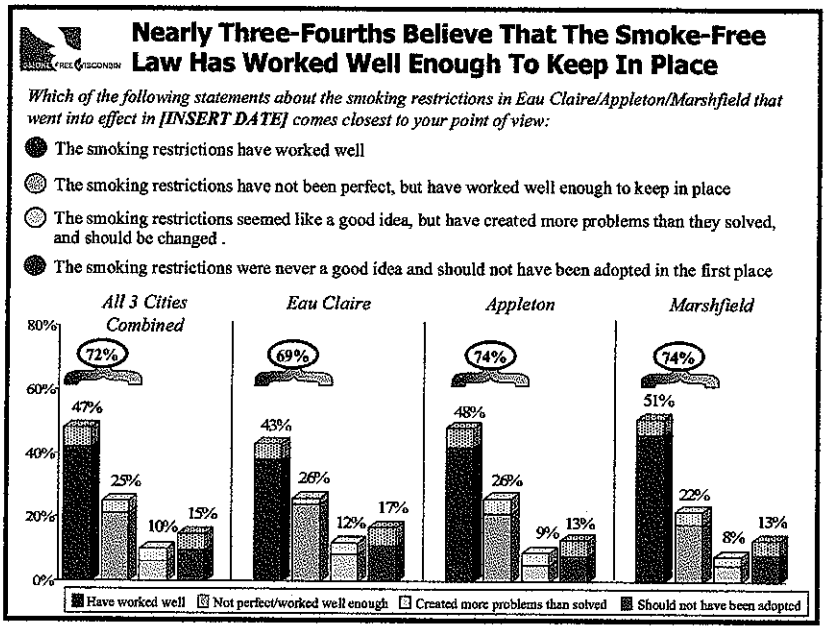
% Favor/Oppose Smoke-Free Law
(Appleton, Marshfield & Eau Claire Combined)

	Favor	Oppose
Total	76%	22%
Men	74%	23%
Women	77%	20%
Democrat	76%	21%
Independent	75%	22%
Republican	76%	22%
18-39	77%	21%
40-59	73%	23%
60+	77%	20%
Current/Occas Smoker	48%	48%
Former Smoker	79%	19%
Never Smoked	85%	12%
HS or Less	68%	28%
Some College	74%	24%
College Grad+	81%	16%

In order to gain a better understanding of support for smoke-free laws across demographic subgroups, we combined the results for all three cities into one data set. Support for the smoke-free law is especially strong among those who go out to restaurants and bars most frequently. Among those who go out once a week or more, 78% favor the law, while only 19% oppose it. A similar number of those who go out a few times a month (77% favor, 20% oppose) favor the law. Indeed, only among those who go out less than once a month or never is support a bit less robust (61% favor, 32% oppose), though even among these voters, a sizable majority favor their city's smoke-free law.

As the chart at left indicates, support for the smoke-free law crosses party lines and demographic groups. Democrats, Independents and Republicans favor the law by nearly identical margins, suggesting that there is little, if any, partisan polarization around this issue. Support is also very strong across gender, age, and education groups.

Surprisingly, even those who say they are current or occasional smokers (21% of our sample) are evenly split on the law, with 48% of this group supporting it and 48% opposing it. However, the smoking restrictions garner overwhelming support among the much larger number of non-smokers, including former smokers (79% favor, 19% oppose), and those who have never smoked (85% favor, 12% oppose).



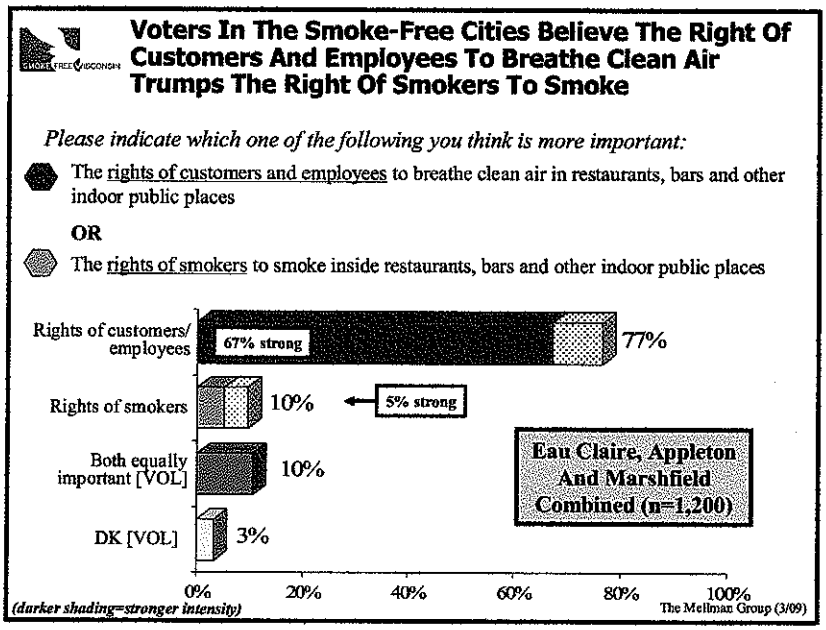
Most Believe The Smoke Free Law Has Worked Well Enough To Keep It In Place

More than 7 in 10 voters in the three cities where smoke-free laws have been implemented believe that the smoking restrictions have worked well and should be kept in place, while only 25% believe that the law should either be changed or should have not been adopted in the first place. Just under half (47%) believe that the restrictions have worked well, and another 25% believe that, while the restrictions have not been perfect, they have worked well enough to keep in place. By contrast, only 15% believe that the smoke-free law should never have been adopted in the first place. Seventy-two percent (72%) of Democrats, 71% of independents, and 75% of Republicans believe the law has worked well, or at least well enough to keep in place. Likewise over three-fourths (76%) of those who go out to restaurants weekly or more have a positive reaction to the smoking restrictions.

Support for keeping the smoking restrictions in place is consistently strong in each of the three cities, with 69% of Eau Claire voters, 74% of Appleton voters and 74% of Marshfield voters believing that the smoking restrictions have either worked well, or despite imperfections, have worked well enough to keep in place.

The Positive Reaction To These Smoke-Free Laws Is Rooted In The Perceived Danger Posed By Secondhand Smoke And The Belief That The Right To Clean Air Trumps Smokers' Rights

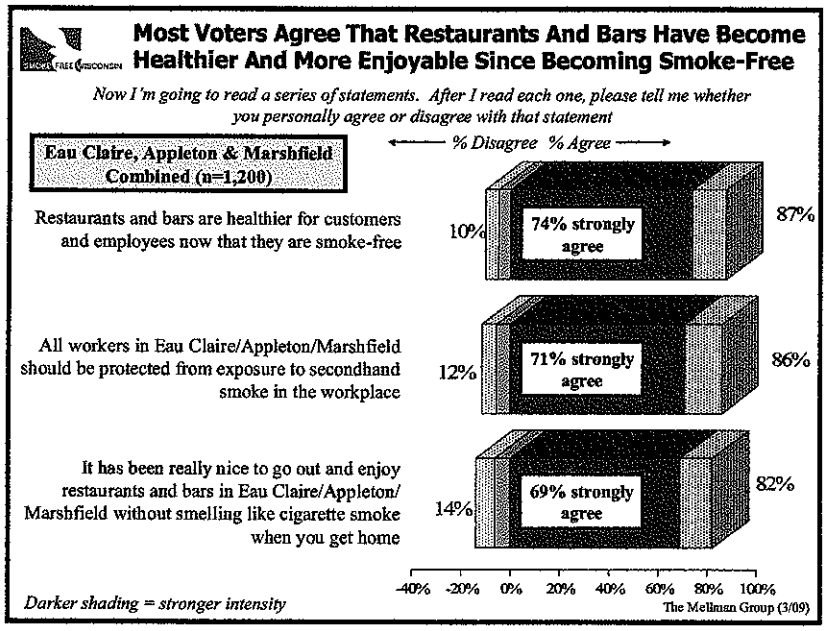
Overwhelming support for these smoke-free laws is a function of concern about the dangers of secondhand smoke and the priority accorded to the rights of customers and employees over those of smokers. Overall, 83% of voters in the three cities believe secondhand smoke is at least a "moderate" health hazard, with a sizable majority (62%) saying it constitutes a "serious health hazard." Only 14% believe secondhand smoke to be a "minor health hazard" or "not a health hazard at all." Eighty-three percent (83%) of Eau Claire voters, 83% of Appleton voters and 84% of Marshfield voters consider secondhand smoke to be a serious or moderate health hazard.



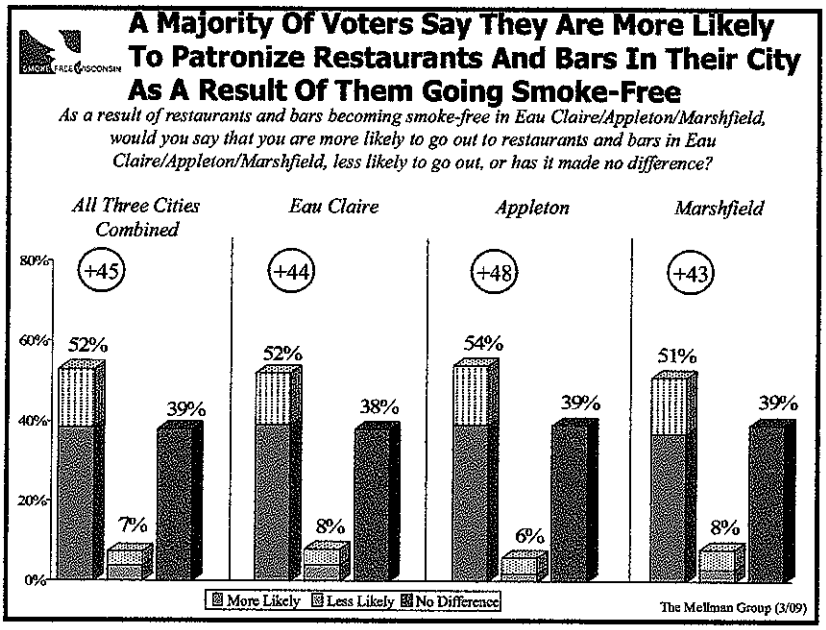
Voters in these cities attach greater priority to the right to breathe clean air in restaurants and bars over the right of smokers to smoke inside those establishments. Seventy-seven percent (77%) say "the rights of customers and employees to breathe clean air in restaurants, bars and other indoor public places" takes precedence, while only 10% attach higher priority to "the rights of smokers to smoke inside restaurants and bars." Even a majority of smokers (51%) agree that the rights of customers and employees to breathe clean air in restaurants trump their right to smoke in restaurants and bars. More than three-quarters of the voters in all three cities believe that the right to smoke-free air trumps the right of smokers to smoke.

Voters In The Smoke-Free Cities Strongly Agree With The Rationale Behind A Smoke-Free Law

Voters in Eau Claire, Appleton and Marshfield are strongly on board with the rationale behind passing the cities' smoke-free laws. When read several statements about smoking in public places, voters in these cities overwhelmingly agree that all workers should be protected from exposure to secondhand smoke, that restaurants and bars are healthier now that they are smoke-free, and that it has been nice going out to restaurants and bars in their respective cities without smelling like cigarette smoke. The reaction to these statements is consistent across all three cities, with over 80% of the voters in each agreeing with each of the three statements



Evidence Suggests That Voters In Eau Claire, Appleton And MarshfieldAre More Likely To Go To Restaurants And Bars As A Result Of The Smoke-Free Law



Contrary to the opinions expressed by some opponents of these laws, there is evidence that residents of Eau Claire, Appleton and Marshfield are more likely patronize restaurants and bars in their city as a result of them becoming smoke-free. More than half (52%) of the cities' voters say they are more likely to go out to restaurants and bars since they have become smoke-free, compared to 7% who say they are less likely to go out, and 39% who say it has made no difference. An even larger majority of those who have never smoked (66%) say they are more likely to go out as a result of the smoke-free law. Strikingly, a sizable majority of smokers (73%) say that the smoke-free law has made them more likely to go out (25%), or made no difference to them (48%) – only 24% of smokers say they are less likely to go out. Among those who go out to restaurants weekly or more, 59% say they are more likely to go out, while only 9% say they are less likely to go out. As the chart above illustrates, a majority of voters in all three cities say they are more likely to patronize restaurants in bars – exceeding the number who say they will go out less often by more than a 6 to 1 margin in all three cities.

Likewise, voters in these smoke-free cities believe that going out has become a more enjoyable experience since their city's smoke-free law took effect. Sixty-three percent (63%) say that going out has become more enjoyable since the smoking restrictions took effect, while only 8% say that going out has become less enjoyable. An even larger majority of the most frequent patrons of restaurants and bars says that going out has become more enjoyable (70% more enjoyable, 7% less enjoyable). Sixty-one percent (61%) of Eau Claire voters, 65% of Appleton voters and 63% of Marshfield voters say that patronizing restaurants and bars in their respective city has become more enjoyable since they have become smoke-free.

Statewide surveys conducted in 2006, 2007 and 2008 all show that a roughly two-thirds of the state's voters favor a comprehensive statewide smoke-free law in Wisconsin. Our findings from these three surveys demonstrate that smoke-free laws are even more popular in communities where they are already in effect, with approximately three-quarters of the voters in Appleton, Eau Claire and Marshfield supporting their city's smoke-free law. Moreover, contrary to the scare tactics and unreliable anecdotal evidence employed by opponents of smoke-free laws, the data from these surveys suggest that smoke-free laws have likely had a positive effect on patronage of restaurants and bars, and that most voters prioritize their right to breathe clean air over smokers' right to smoke.

May 5, 2009

Dear Members of the Senate Health Committee:

I am writing you as the Chairperson of the Fond du Lac County Board of Health Committee and as a pediatrician who is concerned with the health of our state's youth. I am writing to elicit your support of currently proposed All Workplace No Smoking Bills being introduced into both houses of the State Legislature (and reflecting language in the current budget proposal). The proposed bills should be passed without significant amendments and without delay in initiation of enactment.

Tobacco use is the single greatest cause of preventable death and disease in our society; and secondhand smoke is the third. The type of bill being proposed has proven benefit in multiple communities, states and countries with immediate and sustained reduction in the rate of heart attacks by 25-35%. Respiratory health and multiple cancers will also be reduced, although the degree of benefit is not as readily quantified. Youth living in communities where smoking does not occur in dining places have a significantly lower rate of smoking initiation. The State pays dearly through Medicaid and through reduced productivity of our workers when smoking takes place in the workplace.

The Tavern League has a passion against such legislation, fearing financial ruin of their industry if such legislation is enacted and enforced. In no jurisdiction where such legislation has been enacted have these fears proven to be justified. Madison and Appleton are communities where such legislation has been enacted. Tax records do not support the concept of harm to the hospitality industry.

Please do the right thing and support this legislation without significant amendment or delay in initiation of enforcement. It is the right thing for the health of our population and it is the right thing for fiscal responsibility of our state government. Two-thirds of the populace support this action.

Respectfully,

Warren M Post, MD

Warren M. Post, M.D.
420 East Division Street
Fond du Lac, WI 54935

May 5, 2009

Dear Senate Health Committee,

My name is Barbara Moser. I am a family practice physician, and a mother of three teenagers. I live in Whitefish Bay, Wisconsin, and I practice medicine at the University of Wisconsin-Milwaukee's student health center.

A smoke-free air law is very important to me because breathing secondhand smoke in restaurants and bars adversely affects my patients, UWM students, on a daily basis.

I recently saw Mary in my office. Mary is a 20 year old woman who came to me complaining of "poor health in the lungs." For the past 4 months, she has been sick with respiratory tract infections and increased asthma symptoms. When she walked into the room, she smelled strongly of cigarette smoke, and I thought, well, she smokes, so I'm not surprised she has poor lung health.

Was I wrong! It turns out, instead, that she works 20 hours a week at a local popular bar that allows smoking. Mary was diagnosed with asthma 2 years ago, and since working in the bar with all of the smoke, she feels short of breath a lot of the time, and has frequent lung infections. When I saw her in the office, she was sick again, coughing and wheezing.

I asked Mary, "Why don't you change jobs?" The answer was, "I just can't."

Like many UWM students, Mary is self-supporting, and is putting herself through school. The money she makes in this bar is great, and she really likes the owner, who gives her the flexible hours she needs to be able to get to her classes. Mary is also afraid that in the current economy, she will never be able to find another job that pays as well. Mary has had to choose between her health and her economic situation. Food and rent and school tuition come before coughing and wheezing.

No one should have to choose between a job and breathing clean air.

A smoke-free air law is also very important to me because secondhand smoke is a huge public health threat to all citizens of Wisconsin, including myself, my husband, my kids, and my friends.

Secondhand smoke is known to cause lung cancer, heart disease, worsening asthma, and increased respiratory tract infections.

I'm sure some of you have loved ones with known coronary artery disease, I know I do.
Tell them to avoid secondhand smoke.

I totally avoid restaurants and bars that permit smoking, because I know the health risks of secondhand smoke.
You might consider doing the same.

The fact is that even spending minutes in a smoke-filled room causes our platelets to become stickier, with an increased chance of forming a clot in a coronary artery. If a person already has a partially clogged coronary artery, he or she is at that much more risk from the secondhand smoke causing a completely clogged artery and a heart attack.

Everyone deserves the right to breathe smoke-free air.

Thank you for your dedication to the citizens of Wisconsin.

Respectfully,

Barbara Moser, MD

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Dr. Michael Jaeger
Managing Medical Director

Anthem Blue Cross and Blue Shield
N17 W24340 Riverwood Drive
Waukesha, WI 53188

Anthem

Written Testimony of Dr. Michael Jaeger, Managing Medical Director of Anthem Blue Cross and Blue Shield in Wisconsin, on Senate Bill 181 and Assembly Bill 253

May 5, 2009

As a family doctor and parent, as well as someone who has worked in both a large hospital system and as a medical professional at a major health insurance company, I urge the Legislature to quickly pass Senate Bill 181 and Assembly Bill 253 enacting a statewide smoke-free law.

All the scientific evidence we have shows that there is absolutely no safe level of secondhand smoke. In fact, a recent study of air quality at several Milwaukee-area businesses found all venues that allowed smoking to have air quality that would be considered unhealthy by the Wisconsin Department of Natural Resources. Furthermore, in 75 percent of those establishments in the study that allowed smoking, the air quality was so bad it was considered akin to standing downwind from a forest fire.

While many will argue that smoking is a personal decision, it is not. The unnecessary and enormous health care costs related to smoking and secondhand smoke affects us all. As I wrote in a February 24, 2009 opinion column in the Milwaukee Journal Sentinel:

> "It is estimated that secondhand smoke causes 50,000 deaths in adult non-smokers in the United States each year – including 3,400 lung cancer deaths and 20,000 to 50,000 heart disease deaths. With an average lung cancer treatment cost of $100,000 per case, the 3,400 lung cancer deaths caused by secondhand smoke result in $340 million in unnecessary health care costs each year. In Wisconsin, the state Department of Administration reports that smoking is directly responsible for $2 billion in health care costs each year, one quarter of which is directly shouldered by the taxpayers through the Medicaid system. And – just in case you still think smoking is a personal decision that doesn't impact you – remember that health care costs of these magnitudes affect everyone, both smokers and non-smokers alike, in the form of higher health insurance premiums and medical costs."

Our neighbors in Minnesota, Iowa and Illinois are out ahead of us on this issue and have already enacted smoke-free laws. Nobody in Wisconsin likes losing to Minnesota, Iowa or Illinois in football or basketball. Why should we continue to let them beat us in public health policy?

Anthem Blue Cross and Blue Shield provides health benefits to nearly one million members in Wisconsin and cares deeply about the communities we serve. Therefore, on behalf of our members, our employees throughout the state, and all those who silently suffer from illnesses caused by second-hand smoke, please pass Senate Bill 181 and Assembly Bill 253 and make smoke-free workplaces the law.

Thank you.

Attachments:

- Milwaukee Journal Sentinel opinion column, "Statewide smoke free law is due," by Dr. Michael Jaeger, published February 24, 2009
- Dr. Michael Jaeger biography

Anthem.

OPINION COLUMN
Published in the Milwaukee Journal Sentinel on February 24, 2009

Statewide smoke-free law is due

Dr. Michael Jaeger

We've all watched scenes of wildfires on television and held our breath as brave emergency response crews struggled to hold back flames long enough to evacuate victims from clouds of poisonous smoke. The real tragedy in these situations is not the property damage, but the human toll, counted in lives lost, injuries incurred and plans interrupted.

Be it the recent tragedy in Australia, or wildfires closer to home in California and Florida, the damage is always horrific and with long term consequences. Yet no matter how high definition the television screen or vivid the printed pictures of the fires, it is hard to not feel somewhat detached from the damage because we are fortunate enough to rarely experience that kind of tragedy in Wisconsin. Or at least that's what we think.

Though Wisconsin's public health is seldom threatened by wildfire, a different cloud of toxic smoke is filling our public places and threatening the health of the entire state: secondhand smoke.

While our friends and neighbors in Minnesota, Iowa and Illinois have gone smoke-free, Wisconsin has been unable to pass a statewide smoke-free law – allowing dangerous, cancer-causing chemicals found in cigarette smoke like arsenic, benzene and vinyl chloride to continue floating through the air. It is a legislative failure that shows a complete disregard for the public health and ignores the will of 69 percent of voters who favor a smoke-free law.

The medical community is unified in its assessment – there is no safe level of secondhand smoke. In fact, even in restaurants with separate smoking and non-smoking sections there is no noticeable difference in indoor air quality.

A recent study of 32 Milwaukee-area businesses conducted by the Smoke Free Milwaukee Project found all 29 establishments in its sample that allowed smoking to have air quality that would be considered unhealthy by the Wisconsin Department of Natural Resources. The air quality in 22 of those 29 unhealthy establishments was so bad it was characterized as being equivalent to standing downwind from a forest fire.

It is estimated that secondhand smoke causes 50,000 deaths in adult non-smokers in the United States each year – including 3,400 lung cancer deaths and 20,000 to 50,000 heart disease deaths. With an average lung cancer treatment cost of $100,000 per case, the 3,400 lung cancer deaths caused by secondhand smoke result in $340 million in unnecessary health care costs each year. In Wisconsin, the state Department of Administration reports that smoking is directly responsible for $2 billion in health care costs each year, one quarter of which is directly shouldered by the taxpayers through the Medicaid system. And – just in case you still think smoking is a personal decision that doesn't impact you – remember that health care costs of these magnitudes affect everyone, both smokers and non-smokers alike, in the form of higher health insurance premiums and medical costs.

Wisconsin is long overdue to join our peers by enacting a statewide smoke-free law. Governor Doyle's inclusion of such a measure in his state budget should be applauded, as should his proposal to increase the cigarette tax by 75 cents a pack. Increases in the cigarette tax have been proven to prevent kids from starting to smoke and prompting adults to quit, and a statewide smoke-free law would provide a level playing field for businesses currently competing in a patchwork of local smoking laws and regulations.

Governor Doyle's budget proposals make sense – both in times of economic deficit and surplus – and will greatly improve the public health. It is time for the Legislature to reflect the will of the people and make these proposals the law.

Dr. Michael Jaeger is the managing medical director of Anthem Blue Cross and Blue Shield in Wisconsin and a member of the boards of Smoke Free Wisconsin and the American Lung Association of Wisconsin.

Anthem

Michael Jaeger, M.D., Medical Director

Dr. Michael Jaeger serves as medical director for Anthem Blue Cross and Blue Shield in Wisconsin. He is responsible for the administration of medical services for all Anthem Blue Cross and Blue Shield products and provider networks in Wisconsin along with ensuring clinical integrity of broad and significant clinical programs, including the overall medical policies.

Dr. Jaeger has more than 25 years of combined experience as a practicing physician, residency educator and health plan medical manager. Prior to joining Anthem Blue Cross and Blue Shield, Dr. Jaeger served as senior medical officer for care management at Aurora Health Care, where he was responsible for the overall quality management and wellness for the entire Aurora Health Care System and more specifically, Aurora Health Care employees.

Dr. Jaeger is a licensed and board certified specialist in Family Medicine. He earned his bachelor's degree and medical degree from the University of Wisconsin-Madison and completed his residency at St. Mary's in Grand Rapids, Mich.

Surveillance Brief
Wisconsin's Comprehensive Cancer Control Program
Prevention • Screening & Detection • Treatment • Quality of Life • Palliative Care

April 2007
Volume 3 Number 1

HEALTH EFFECTS OF SMOKE-FREE BARS IN WISCONSIN

Karen Palmersheim PhD, Mark Wegner MD MPH, Patrick Remington MD MPH

INTRODUCTION

Exposure to secondhand smoke has increasingly become an issue of concern to the public health community. Indeed, a heightened awareness has followed the release of the 2006 report of the US Surgeon General,[1] which reviewed and critiqued numerous studies investigating the relationship of passive smoking with various disease processes. The report concluded that children and infants exposed to secondhand smoke are at increased risk of lower respiratory illnesses, middle ear disease, and sudden infant death syndrome (SIDS).[1] Exposure to secondhand smoke has also been associated with an increased risk for coronary heart disease among both men and women, and an increase in lung cancer risk among lifetime non-smokers.[1] Further, the Surgeon General concluded that nasal irritation is causally related to secondhand smoke exposure, and evidence is suggestive of a causal relationship between secondhand smoke and other acute respiratory symptoms including cough, wheeze, chest tightness, and difficulty breathing --- among both healthy persons and persons with asthma.[1]

The number of workplaces that are smoke-free has been steadily increasing --- via the enactment of smoke-free laws and by the voluntary implementation of smoke-free policies by employers and businesses. However, individuals working in the restaurant and hospitality industry (e.g., wait staff, bartenders) are among those least likely to work in smoke-free environments,[1,2] and previous research has found mean serum cotinine levels (a measure of secondhand smoke exposure) highest among people working in these settings.[2] These findings suggest that individuals employed in these types of occupations would be at an increased risk of developing conditions associated with secondhand smoke, and accordingly, would benefit most from the elimination of such exposure.

Summary

Objective – To assess the impact of a smoke-free workplace ordinance on bartenders' exposure to secondhand smoke and upper respiratory tract symptoms.

Methods – Data were collected from bartenders working in Appleton and Madison, Wisconsin employing a cross-sectional research design. Pre-ordinance data were collected 2 months before the July 1, 2005 ordinance; post-ordinance data were collected approximately one year later. Findings were extrapolated to the statewide population of bartenders.

Findings – Bartenders' mean level of exposure to secondhand smoke at work decreased from 20.7 hours during pre-ordinance to 1.6 hours during post-ordinance; exposure in other places decreased from 8.2 hours to 4.1 hours; home exposure decreased from 3.9 hours to 2.8 hours. The prevalence of eight upper respiratory symptoms was significantly lower during the post-ordinance period among non-smoking bartenders. Smokers reported a significant reduction of two symptoms.

Implications – A smoke-free workplace ordinance was associated with reduced exposure to secondhand smoke and fewer related upper respiratory symptoms among bartenders. Statewide, smoke-free establishments could lead to similar health improvements among many more employees and bar patrons.

The purpose of this research was to assess change in mean level of exposure to secondhand smoke among bartenders affected by the establishment of smoke-free ordinances in two Wisconsin cities. In addition, upper respiratory tract symptoms were assessed prior to, and approximately one year after, the implementation of the smoke-free ordinances. These findings were then used to estimate the potential impact of smoke-free policies on bartenders statewide.

METHODS

The University of Wisconsin Tobacco Surveillance and Evaluation Program, in collaboration with the Wisconsin Tobacco Prevention and Control Program, conducted two cross-sectional studies to assess secondhand smoke exposure and upper respiratory symptoms among bartenders working in two Wisconsin cities that implemented smoke-free workplace ordinances on July 1, 2005. The first study was conducted two months prior to the ordinance, and the second study was conducted approximately one year after its establishment, during May through July of 2006. Details of data collection, inclusion criteria, and analytic methods for the full study can be found at http://www.medsch.wisc.edu/mep/.

Overall, 1,528 bartenders were included in the current study, 793 in the pre-ordinance group, and 735 in the post-ordinance group. However, the samples were stratified by bartender smoking status to control for the effects of active smoking. In the current report, findings presented for upper respiratory health symptoms were limited to bartenders that reported being non-smokers, because exposure at work is likely to be their main source of inhaled cigarette smoke. Independent-samples t-tests were employed to compare pre-ordinance scores to post-ordinance scores on measures

of secondhand smoke exposure. Pearson Chi-square analyses were used to test levels of upper respiratory symptoms. These findings were then extrapolated to the estimated number of non-smoking bartenders working in Wisconsin as follows. According to the Wisconsin Department of Workforce Development, approximately 23,000 individuals are employed as bartenders in the state of Wisconsin.[3] Calculating an average across the two study samples suggests that approximately 45% of bartenders currently smoke. Thus, an estimated 12,650 bartenders would be non-smokers (55% of 23,000). The estimated number of non-smoking bartenders was then applied to the absolute percent difference in each symptom, pre- to post-ordinance, to predict the number whose physical symptoms might be improved if all bars in the state were smoke-free.

RESULTS

Sample characteristics of bartenders who participated in the pre-ordinance and post-ordinance studies are presented in Table 1. Table 2 displays the mean estimates of exposure to secondhand smoke in the home, at work, and other places, during pre-ordinance and at post-ordinance. Exposure was self-reported as the number of hours exposed during the past 7 days. Mean exposure to secondhand smoke in the home decreased from 3.9 hours at pre-ordinance to 2.8 hours at post-ordinance. Exposure to secondhand smoke at work decreased from 20.7 hours at pre-ordinance to 1.6 hours at post-ordinance, and mean exposure in other places decreased from 8.2 hours to 4.1 hours. T-test analyses revealed the mean reported decreases in exposure were statistically significant for all three areas assessed.

Study participants were also asked to report how often they experienced a number of upper respiratory symptoms over the past 4 weeks. Data were dichotomized (collapsed into yes/no categories) for the current analyses. Table 3 presents the percentage of non-smoking bartenders that reported experiencing the eight upper respiratory symptoms before and after the establishment of the smoke-free ordinance. The second column designates the percentage of bartenders that reported having experienced each of the eight symptoms during the pre-ordinance study, and the third column shows the prevalence at post-ordinance. For example, 31% of non-smoking bartenders reported 'wheezing or whistling in chest' during the pre-ordinance study, whereas 16% reported this symptom at post-ordinance. This represents an absolute percent decrease of 15%. The fourth column, presenting the results from the Chi-square analysis which compares the sample proportions, shows that the change was statistically significant. The final column shows the estimated number of non-smoking bartenders statewide who could see improvement in the reported symptom were a smoke-free policy extended to all Wisconsin bars. For example, we could expect approximately 1,900 fewer non-smoking bartenders to experience wheezing or whistling in the chest.

COMMENTS

The findings from this study reveal that the establishment of a smoke-free workplace ordinance can reduce exposure to secondhand smoke among bartenders – both at work and in other places. These latter findings suggest that when bartenders are not at work, they may be spending more of their time in establishments that have also become smoke-free. The lower level of exposure to secondhand smoke in the home reported in the post-ordinance study may reflect, in part, the lower percentage of smokers in the post-ordinance sample, as smokers are more likely to live with other smokers. Or, the impact of the smoke-free workplace ordinances may have carried over into the home environment.

Analyses suggest that the reduced level of exposure to secondhand smoke corresponds with a reduction in the prevalence of upper respiratory symptoms among these workers. In particular, among non-smoking bartenders, the prevalence of all eight symptoms was significantly lower after the establishment of the smoke-free ordinances compared to that reported prior to the ordinances. These findings suggest that an improvement in upper respiratory health symptoms could be experienced by a significant number of non-smoking bartenders in Wisconsin if all bar work environments in the state were smoke-free. In addition, even bartenders that were current smokers reported a significantly lower prevalence of two symptoms one year post-ordinance (data not shown), and thus could be expected to see a tangible improvement in health. Finally, although this study examined only the health effects of these policies on bartenders, others who work or recreate in bars might also see similar improvements in health.

These findings are similar to those reported by Eisner et al.[4] in a cohort study of bartenders in San Francisco, and a second study conducted by Menzies et al.[5] in Scotland. However, due to relatively smaller sample sizes, results in the previous two studies were reported as groups of symptoms. In addition, the Menzies study only included non-smokers. The current study had ample power by which to analyze each symptom independently, in addition to stratifying the sample by smoking status.

Morever, the current study extends the findings from a previously reported longitudinal study of bartenders in Madison and Appleton.[6] That study involved comparing baseline data, collected 2 months before the July 1, 2005 ordinance, to follow-up data collected only 3-5 months post-ordinance. Within the cohort of 403 bartenders studied, mean level of exposure to secondhand smoke decreased significantly at work and in other places. In addition, the prevalence of all eight upper respiratory symptoms decreased significantly from baseline to follow-up among non-smoking bartenders, and smokers reported a significant reduction of two symptoms. The strength of the current study is that similar findings have now been found in two much larger cross-sectional samples.

PROGRAM/POLICY IMPLICATIONS

This study revealed a significant reduction in exposure to secondhand smoke in the workplace, as well as in other places, one year after the implementation of a smoke-free workplace ordinance in two Wisconsin cites. In addition, bartenders working in establishments impacted by the ordinances reported significantly fewer upper respiratory tract symptoms. Thus,

it appears the elimination of smoking in workplaces such as bars and restaurants can have beneficial effects on the acute respiratory health of those who work in such settings. These acute symptoms may serve as the warning signs of impending, more serious chronic conditions such as emphysema, lung cancer, and heart disease. Hence, in addition to reducing the immediate, short-term consequences associated with exposure to the chemicals present in secondhand smoke, smoke-free environments should contribute to a reduced risk of more serious long-term conditions.

REFERENCES

1. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
2. Wortley PM, Caraballo RS, Pederson LL, Pechacek TF. Exposure to secondhand smoke in the workplace: serum cotinine by occupation. Journal of Occupational & Environmental Medicine. 2002; 44(6):503-509.
3. http://worknet.wisconsin.gov/worknet/jsoccsrch_results.aspx?menuselection=js&occ=353011&occname=Bartenders&area=SW
4. Eisner MD, Smith AK, Blanc PD. Bartenders' respiratory health after establishment of smoke-free bars and taverns. JAMA. 1998; 280:1909-1914.
5. Menzies D, Nair A, Williamson P, et al. Respiratory symptoms, pulmonary function, and markers of inflammation among bar workers before and after a legislative ban on smoking in public places. JAMA. 206; 296:1742-1748.
6. Palmersheim KA, Remington PL, Gundersen DF. The impact of a smoke-free ordinance on the health and attitudes of bartenders. Tobacco Surveillance and Evaluation Program, University of Wisconsin Comprehensive Center, Madison, WI: February, 2006. Available at: http://www.medsch.wisc.edu/mep/.

Suggested Citation: Palmersheim, et al. Health Effects of Smoke-Free Bars in Wisconsin. Surveillance Brief. UW Paul P. Carbone Comprehensive Cancer Center. 2007; 3-1.

TABLE 1. Sample Characteristics – Pre-Ordinance and Post-Ordinance

	Pre-Ordinance (n=793)	Post-Ordinance (n=735)
City (n)		
Madison	621	510
Appleton	172	225
Age (years)		
Range	19-80	19-76
Mean	35	35
Median	32	31
Gender (%)		
Female	52	54
Race/Ethnicity (%)*		
White	95	96
Other	6	5
Hispanic	2	3
Education (%)		
Less than high school	2	1
High school diploma	18	16
Some college (no degree yet)	38	39
Associate's degree	12	12
Bachelor's degree	24	26
Graduate or Professional degree	5	5
Months bartending at current bar (#)		
Mean	64	61
Median	36	35
Hours working in current bar per week (#)		
Mean	24	23
Median	22	20
Current smoker (%)	48	41
Cigarettes smoked per day (#)		
Mean	13	11
Median	10	10

* Because respondents could check more than one race, totals may not add to 100.

TABLE 2. Level of Exposure to Secondhand Smoke at Home, Work and Other Places – Pre-Ordinance and Post-Ordinance

Place of Exposure	Pre-Ordinance (mean hours/past 7 days)	Post-Ordinance (mean hours/past 7 days)
Home*	3.9	2.8
Work***	20.7	1.6
Other***	8.2	4.1

Independent-samples t-test, 2-tailed; *p<.05, **p<.01, ***p<.001.

TABLE 3. Percent Reporting Upper Respiratory Symptoms – Pre-Ordinance and Post-Ordinance (Non-Smokers)

Upper Respiratory Symptoms (past 4 weeks)	Percent Reporting Symptom: Pre-Ordinance (n=409)	Post-Ordinance (N=433)	p-value[a]	Number of Non-Smoking Bartenders Potentially Affected by Statewide Smoke-Free Policy[b]
Wheezing or whistling in chest	31	16	.000	1,900
Shortness of breath	40	27	.000	1,600
Cough first thing in the morning	44	24	.000	2,500
Cough during the rest of the day/night	50	29	.000	2,700
Cough up any phlegm	50	32	.000	2,300
Red or irritated eyes	72	41	.000	3,900
Runny nose/irritation, sneezing	76	53	.000	2,900
Sore or scratchy throat	62	38	.000	3,000

a Comparison of Pre-Ordinance to Post-Ordinance; Pearson Chi-square Analyses, 2-tailed

b Calculated as (percent with symptom pre-ordinance – percent with symptom post-ordinance) x 12,650 (rounded to the nearest hundred)

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Surveillance Brief
Wisconsin's Comprehensive Cancer Control Program
Prevention • Screening & Detection • Treatment • Quality of Life • Palliative Care

April 2007
Volume 3 Number 1

Published through a partnership of the Wisconsin Division of Public Health and the University of Wisconsin Paul P. Carbone Comprehensive Cancer Center. This study was supported by the Wisconsin Tobacco Prevention and Control Program, Bureau of Community Health Promotion, Division of Public Health, Wisconsin Department of Health and Family Services.

Funded by a grant through the Wisconsin Partnership Fund for a Healthy Future.

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In This Issue:

HEALTH EFFECTS OF SMOKE-FREE BARS IN WISCONSIN

ASAM

American Society of Addiction Medicine

Public Policy Statement on Nicotine Addiction and Tobacco

(formerly Nicotine Dependence and Tobacco)

Background

Nicotine is the psychoactive drug in tobacco. Regular use of tobacco products leads to addiction in a high proportion of users.

Nicotine addiction is the most common form of addiction in the United States. The National Survey on Drug Use and Health database shows that one of every three first time cigarette users becomes dependent.[1]

Nicotine addiction is especially prevalent among those who suffer from alcoholism and from other drug dependencies.

Although the medical profession has traditionally viewed tobacco use as a risk factor for other diseases, instead of a primary problem in itself, this approach has impeded, rather than promoted, the development of optimal treatment methods for patients addicted to nicotine. Nicotine addiction is a primary medical problem deserving of thoughtful, ongoing attention from every responsible clinician. Diseases either caused by or made worse by tobacco use should be regarded as complications of nicotine addiction.

Nicotine addiction most often begins as a pediatric disease. In 2006, three million young people, aged 12-17 years, were current users of cigarettes.[2] Three thousand youth become regular users each day, one-third of whom will eventually die from a tobacco-caused disease.

Cigarettes cause an enormous burden of illness, disability and death. On average each year from 1997 to 2001, the cigarette caused more than 438,000 premature deaths in the United States[3] and more than 3 million worldwide. Globally 1 person dies every 7 seconds from smoking-related diseases, and a smoker loses an average of 13.8 years of life.[4] The 2004 Surgeon General's Report on The Health Consequences of Smoking found that children and adolescents who smoke are less physically fit and have more respiratory illnesses than their nonsmoking peers. In general, smokers' lung function declines faster that that of nonsmokers.

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[1] Family Practice News, 3/15/05

[2] 2006 National Survey on Drug Use and Health, Substance Abuse and Mental Health Administration.

[3] MMWR 2005;54(25):625-8

[4] Missouri Department of Health and Senior Services. *Smoking-Attributable Mortality in Missouri, 1999*

Smokeless tobacco use is epidemic among the young. Smokeless tobacco products, along with cigars and pipe tobacco, are causes of nicotine addiction and cancer, among other serious problems. Cigar smoke has been shown to cause lung cancer, emphysema and heart disease among the many users who inhale the smoke.

Nonsmokers, too, are harmed by tobacco use. Nonsmokers may themselves become ill with lung cancer, heart disease, lower respiratory ailments, worsening of asthma and other problems through exposure to environmental tobacco smoke (second hand smoke). Nonsmokers who are exposed to secondhand smoke at home or work increase their heart disease risk by 25–30% and their lung cancer risk by 20–30%. They suffer through the illnesses and premature deaths of family members, friends and associates. They also share unwittingly in the economic costs of tobacco use because of higher insurance and medical care costs. At least 50,000 deaths are due to secondhand smoke each year in the USA.[5] Almost 60% of U.S. children aged 3–11 years—or almost 22 million children—are exposed to secondhand smoke.

The nicotine addiction epidemic is fueled in part by the wide availability of industry-marketed discounts and discount internet sites, which evade some federal and state excise taxes and minimum age limits for sales to youth; the ready availability of tobacco products to those underage (despite laws to the contrary); and the enormous marketing campaigns for these products (campaigns that are often very seductive and attractive to the young). In 2003, the cigarette industry spent more than $15 billion on marketing. Even with restrictions placed on tobacco marketing since the early 1990s, the tobacco industry gets its message to potential new users quite effectively, including through unregulated Internet-based advertising.

Taxation is one means of raising the price of tobacco products, which has been shown to reduce the purchase/use of tobacco products by youth, who are particularly sensitive to changes in price. Tax increases imposed on a federal basis minimize inequities in tax structure in various states that create unbalanced markets affecting purchasers' travels across jurisdictional lines to purchase lower-price products; federal excise taxes also can be directed to increasing federal funding support for biomedical research regarding nicotine addiction and nicotine addiction treatment. Native American nations should be encouraged to equalize their retail prices for tobacco with those in surrounding jurisdictions and not create market loopholes which promote sales of lower-tax and thus lower-priced tobacco products, especially in outlets targeted to tobacco purchasers such as tribal-operated 'smoke shops.'

Changing public policy can happen via judicial initiatives, but usually happens via legislation, which is a political process. Lobbyists for the tobacco industry are active at national, state and local levels. Ideally, wise policy changes can be implemented on a national scale, but political realities sometimes get in the way. And state governments, which rely on tobacco taxes for revenue, may feel some conflict of interest in establishing policies that would reduce tobacco sales and, thence, tobacco tax revenues. Policy change should be implemented wherever it is possible to do so: if not at the national level, at the state level; if not at the state level, at the county or municipal level. Localities should not be dissuaded from advancing policy to improve the public health even if the adoption of policy changes at the state or federal level has not yet been attained.

The general public is aware that tobacco use is harmful, but it seriously underestimates the magnitude of the harm which tobacco causes. At the same time, there is incomplete appreciation of the positive impact in several states achieved by the application of tobacco settlement funds to targeted education campaigns regarding the public health implications of

[5] California Air Resources Board [CAR], 2005

tobacco use. For example, the Virginia Tobacco Settlement Foundation announced in 2008 that the percentage of high school students who smoke in this tobacco-growing state declined from 29% in 2001 to 15.5% in 2007, nearly a 50% drop and below the national average. The Foundation claims that successful prevention efforts save the state $1.25 billion each year in smoking-related costs.[6]

Becoming abstinent from tobacco has been shown to have substantial beneficial effects on health and longevity. The treatment of nicotine addiction reduces the complications of this addiction. Many who successfully recover from another addiction die from a complication of nicotine addiction. The widespread notion that nicotine addiction is best left untreated during the course of treatment for other drug addiction lacks empiric support.

Although the addiction field has traditionally viewed tobacco smoking as almost normative and not central to the alcohol and other drug recovery process, attitudes and behaviors are shifting. Rather than viewing attention to a patient's smoking as 'defocusing' from their 'real' addictions, counselors are now addressing tobacco addiction in treatment plans. The New York State Office on Alcohol and Substance Abuse Services introduced Part 856 of its regulations governing certification of addiction treatment services, which requires programs to incorporate nicotine addiction in addiction services treatment plans for all nicotine addicted persons receiving alcohol or other drug addiction care; these landmark requirements became effective in mid-2008. All states should move in similar directions.

While the processes of Screening and Brief Intervention (SBI) by primary care physicians were developed by professionals to reduce smoking and its adverse health effects, momentum regarding SBI in the early 21st century has focused on using SBI to address drinking and the adverse health effects of alcohol use and addiction. SBI has even been proposed to address all emerging chemical addictions, including addiction to or misuse of prescription drugs. The emphasis on tobacco and the psychoactive drug it contains, nicotine, should not be diminished given the reality that more persons—including persons with alcohol addiction—die from nicotine addiction than from any other addiction. The U.S. Public Health Service 2008 publication, Clinical Practice Guideline Update: *Treating Tobacco Use and Dependence*, encourages all physicians to use the 5 A's of SBI (Ask, Advise, Assess Motivational Level, Assist, Arrange Follow-up) to intervene for tobacco use and addiction, employing techniques of SBIRT (Screening, Brief Intervention, and Referral to Treatment) to address nicotine addiction in patients they see in their regular workday. The 2008 Practice Guideline also encourages the use of pharmacotherapies to assist patients who desire to stop smoking.

Policy Recommendations

1. **The American Society of Addiction Medicine (ASAM) recognizes that nicotine is an addictive drug, and there is no safe level of consumption for tobacco products, in any age group, among any special populations. Abstinence from tobacco use should be the ultimate goal for clinical interventions regarding tobacco use and addiction. ASAM advocates and supports the development of policies and programs which promote the prevention and treatment of nicotine addiction. These include, but are not limited to, the following:**

[6] Virginia Tobacco Settlement Foundation. Virginia Youth Tobacco Survey, released September 8, 2008. http://www.vtsf.org/data/youth-tobacco-survey.asp

a) **The availability of tobacco products to the young should be controlled through the establishment of an enforced, national minimum age of 21 years for purchase of all tobacco products and the requirement that all sales of tobacco products be face to face encounters, eliminating vending machines, self-service, mail order, and—ideally—Internet sales. Efforts to reduce tobacco sales to minors should reserve punitive approaches to manufacturers, distributors and merchants and should not include measures that penalize underage possession or use of tobacco products. Punishment of the user perpetuates a counterproductive judicial approach. Underage persons who use tobacco products should instead be referred for educational or clinical services, as indicated.**

b) **Governmental policies regarding tobacco should be changed in several ways:**

- **The regulation of all nicotine-containing products intended for human consumption should be assigned to the Food and Drug Administration. In particular, ASAM vigorously supports the proposal made by the FDA in the Federal Register of August 11, 1995 to regulate cigarettes and smokeless tobacco products as nicotine delivery devices.**

- **State and federal excise taxes on tobacco products should be increased substantially in order to decrease the use of tobacco and tobacco products and the incidence of nicotine addiction among youth. Revenues generated from increased taxes should be used to fund sustained, integrated, multifaceted public health programs to reduce or eliminate tobacco consumption and to treat nicotine addiction, as well as to increase funding for biomedical research regarding nicotine addiction and nicotine addiction treatment.**

- **When federal policy reform has not yet been attained due to political realities at a given time, state governments should not be dissuaded from adopting policy reforms regarding tobacco use, sales, advertising, production, distribution, taxation, or the like. When federal or state-wide reforms have not yet been adopted, localities should be encouraged to advance tobacco policy reforms to promote public health goals.**

- **Tobacco product manufacturers should be required to publish and publicize the ingredients used in each brand they offer to the public and to publish and publicize the levels of toxic substances, including nicotine, that customers who consume each such product may reasonably expect to have delivered to their bodies via tobacco use.**

- **The sale of flavored tobacco products should be prohibited, including tobacco laced with fruit flavorings and menthol flavorings intended to attract specific subpopulations of consumers.**

- **Package inserts should be required in each tobacco product sold to a consumer. Such inserts would contain useful information about the harm of tobacco use, the benefits of stopping, and advice on how to stop.**

- **Warning labels on cigarettes and smokeless tobacco should be extended and the warning label system expanded to all other tobacco products so that the warnings are much more visible, easier to understand and explicitly describe the risks of addiction, disease and death from use of these products.**

- **All advertising and other promotional activities for nicotine-containing tobacco products should be eliminated, with a mandate that all packaging for tobacco products be plain packaging, in order to eliminate the allure provided by package design and brand-associated symbols.**

- **The ban against cigarette advertising in broadcast media should be enforced by directing the Justice Department to take action against cigarette brand and smokeless tobacco brand promotions and sponsorships in all professional sports including motor sports.**

- **Research and public health efforts funded through the various branches of government should be supported, including the Department of Defense, the NIH, CDC, SAMHSA, and state initiatives that contribute to (1) an understanding of nicotine addiction, its treatment and its prevention, and (2) controlling the epidemic, including research and programmatic assistance in understanding and dealing with the profound clinical interrelationships among nicotine, alcohol and other addictive drugs.**

- **Governmental edicts should be adopted, such as those in place in a few states and provinces, which prohibit pharmacies and stores with pharmacy departments from selling tobacco products or which ban smoking in vehicles with children.**

- **Subsidies and all other forms of governmental assistance which encourage the production of tobacco and tobacco products should be eliminated. Tobacco should be eliminated as an export crop and tobacco products as export products from the United States. Government assistance for tobacco product exports should be replaced with the export of medical and public health knowledge about tobacco and about how to control the tobacco epidemic.**

- **Transition programs for displaced workers should be funded when jobs now in the tobacco industry are eventually shifted to other parts of the economy as a result of the above and other measures.**

- **Alternative designs should be required to make cigarettes fire-safe, since these products are the leading cause of death in household fires.**

- **Tobacco should be excluded from international trade agreements (see ASAM Public Policy Statement on the Establishment of a Framework Convention on Alcohol Control and the Exclusion of Tobacco and Alcohol from Trade Agreements).**

c) **Because they increase overall smoking and tobacco use rates, the sale of low-cost cigarettes and other tobacco products by "smoke shops" or Internet sellers based on Native American Tribal lands is a significant public health problem. Such sellers should comply with all applicable laws relating to such sales, including Federal tax laws and the Jenkins Act, and should implement effective measures to block any sales to youth. With full respect for Tribal sovereignty and immunity rights, existing laws applicable to tobacco product sales from Tribal lands should be regularly enforced and new laws should be implemented, as needed.**

d) **Treatment for nicotine withdrawal and nicotine addiction should be broadly available and utilized.**

- **Physicians and other health care providers should engage in Screening, Brief Intervention, and Referral for Treatment (SBIRT) for tobacco use and nicotine addiction. People who screen for nicotine addiction should also screen for all other substance use and addiction.**

- **Physicians and other health care professionals should utilize evidence-based pharmacotherapies and psychosocial and behavioral interventions for tobacco use and nicotine addiction, as outlined in the 2008 Clinical Practice Guideline Update: *Treating Tobacco Use and Dependence* (U. S. Public Health Service).**

- **All hospitals and medical schools should address nicotine addiction on a par with other chemical dependencies. Physicians and all clinicians should be trained to screen for nicotine addiction when they do medical evaluations, including assessments for other chemical dependencies. When nicotine addiction is present for a patient, the treatment plan should address the patient's nicotine addiction as it would address any other addiction, and appropriate medication should be offered to address nicotine withdrawal while the patient is hospitalized.**

- **Accreditation and regulatory agencies at the state and national level (such as the Joint Commission on Accreditation of Healthcare Organizations) should take steps to assure that hospitals include interventions for nicotine withdrawal and nicotine addiction whenever the patient's clinical condition so indicates.**

- **ASAM encourages policy changes that lead to the integration of evidence-based nicotine addiction treatment into mental health and addiction services. Addiction treatment services should address nicotine addiction on a par with other chemical addictions. Counselors should be trained to assess for nicotine addiction when they do assessments for other chemical addictions. When nicotine addiction is present for a patient, the treatment plan should address the patient's nicotine addiction as it would address any other addiction. Addiction treatment service providers should make their facilities and grounds smoke-free environments for patients, staff and visitors alike.**

- **All addiction treatment professionals who recommend Alcoholics Anonymous or other self-help participation by their patients should recommend to their patients that they seek out smoke-free 12-step meetings and consider selecting a non-smoking AA sponsor. For their patients who accept the recommendation to make a quit attempt, counselors should advise attendance at Nicotine Anonymous meetings as an option.**

- **All private and government health insurance plans should cover the costs of treatment for nicotine withdrawal and addiction on a par with treatment for other medical-surgical conditions. There should not be discriminations against payment for treatment for nicotine-related health conditions, including addiction; nicotine replacement therapies and other pharmacotherapy for nicotine withdrawal and addiction should be covered by health insurance plans.**

- **Health care delivery systems should build systems for identifying and treating cases of nicotine addiction as well as patient education regarding nicotine addiction and other health consequences of smoking and smokeless tobacco use.**

2. **Research, professional education, and clinical expertise in the areas of nicotine addiction should receive increased emphasis through the following measures:**

   a) **Promote research in universities and other institutions into the causes, prevention, and treatment of nicotine dependence, including organizational and cultural change efforts.**

   b) **Train all health professionals to regard nicotine addiction as a primary medical problem, including training in the management of nicotine addiction on the part of physician specialists in addiction medicine, primary care physicians, clinical psychologists, and all alcohol and other drug counselors. This training should also include information on the ways the tobacco industry perpetuates the epidemic and undermines efforts aimed at reducing the problem and on ways health care professionals can help counter these influences.**

   c) **Teach about the addiction process and about the management of nicotine addiction in CME courses and other professional education programs.**

   d) **Teach that nicotine addiction and withdrawal needs to be diagnosed and treated along with other drug addictions.**

   e) **Explore mechanisms for third party reimbursement for the treatment of nicotine addiction by qualified health professionals who use clinically recognized methods.**

   f) **Refuse funding from the tobacco industry and its subsidiaries by medical schools, other research institutions and individual researchers to avoid giving tobacco companies an appearance of credibility.**

   g) **Encourage all institutions involved in health care to divest from the tobacco industry since investments in this industry are profitable only to the extent that measures to control the epidemic fail.**

3. **Public education about tobacco should be enhanced by additional measures:**

   a) **Establish primary and secondary schools as tobacco-free zones with clinical support made available as a benefit of enrollment or employment for those students and staff who want assistance in dealing with nicotine addiction.**

   b) **Teach youth in the schools about the risks of addiction, other disease and death from tobacco use and about the cynical efforts of the tobacco industry to recruit new customers from among their peers.**

   c) **Counter-market tobacco products, including advertisements and other efforts, to offset the seduction of tobacco advertising imagery and to educate the public about the hazards of tobacco and about methods of quitting or of not starting tobacco use.**

4. **Tobacco-free policies should be implemented in all workplaces and places of public accommodation, including all hotels, motels, restaurants and taverns. (See ASAM Public Policy Statement on Clean Indoor Air.)**

5. **All hospitals, other health-care facilities, and medical schools should establish not only completely tobacco-free buildings but also tobacco-free grounds throughout their entire campuses. Smoke and tobacco-free grounds regulations should apply to all patients, staff, volunteers and visitors alike.**

6. **Elected officials should refuse to accept support from tobacco companies so that they can more easily work to control the epidemic caused by tobacco.**

7. **Legal action against the tobacco industry should be supported, including law suits by states, private insurers and others seeking to recover money spent on medical care of tobacco-caused disease, consumer protection actions seeking to better inform the public about tobacco or to stop industry practices which harm the public health, and product liability suits brought by individuals who have been harmed by tobacco products. In cases where a settlement agreement exists which directs tobacco firms to pay monies to governments to recoup governmental expenditures spent on treating tobacco-related illnesses, settlement funds should be directed to nicotine addiction treatment, prevention, research, or education and not diverted to other uses. ASAM supports litigation, if necessary, to ensure that tobacco settlement proceeds are not directed away from such public health uses.**

8. **ASAM should actively participate in a liaison network with other groups on issues of mutual interest related to tobacco.**

Adopted by ASAM Board of Directors (then the American Medical Society on Alcoholism) April 1988; **rev.** September 1989; **rev.** April 1996; **rev.** October 1996; **rev.** October 2008.

American Society of Addiction Medicine

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To: Senator Jon Erpenbach, Chair

Members of Senate Committee on Health, Health Insurance, Privacy, Property Tax Relief & Revenue

From: Darcie Galowitch, 221 S. Marquette St. Madison, WI

Date: May 5, 2009

RE: Support for SB 181

I can't tell you how glad I am to live in Madison, where I have the right to breathe clean air.

Growing up in a home with two smoking parents, secondhand smoke has always made me sick. Ear infections, sore throats, bad coughs. I came down with a wheezing cough in the first grade that lasted so long my mom took me to the doctor. I remember it. Sitting in the doctor's office when he put an inhaler on his table and scolded my mom, "You know if you keep smoking in the house around this kid, your daughter's likely to be an asthmatic."

I didn't know what that meant. I was six. This was more than twenty years ago, and we already knew the dangers of secondhand smoke.

Twenty years ago, my mom heeded the doctor's advice, and my parents started taking it outside.

I'm sure it was a tough choice for my mom, and I'm positive it was even tougher to convince my dad. But my parents respected my health more than they valued smoking inside, and I've never had to use the inhaler.

My sensitivity to secondhand smoke still exists. When I started going out to the bars, I'd lose my voice the next day. Then Madison went smoke-free.

Madison passed a strong smoke-free ordinance, and it gave me the right to breathe clean air, and I never lost my voice again. I'll never go back. I'll never lose my voice again.

I can't tell you how glad I am to live in Madison. But, here's the problem. This summer, I'm moving to Milwaukee.

Whenever I visit friends in Milwaukee or in Kenosha, where I'm from I have to make tough choices. Of course, I can make something up, decline, not go out, not have a good time. I can nag my friends to go to the *one* smoke-free bar in Kenosha again or *one of the handful* of smoke-free bars in all of Milwaukee. Or, I can meet my friends out, pretend like smoke-free air is **not** a right, and lose my voice.

These are tough choices for me. Each time. I never want to flake out, but I don't want my smoking friends to get offended, and I do not want to lose my voice.

I want a strong statewide smoke-free law, and I want it in time for my move to Milwaukee this summer.

I mean, I'm twenty-six years old! I work long hours trying to establish myself, and I have expendable income.

It's nice to go out and blow off some steam with my friends without worrying about waking up the next morning sick because people blow smoke in my face. No one should have to choose between a night out and their health.

I've had negative health effects from secondhand smoke my entire life. Please value my voice. Everyone deserves the right to breathe clean air.

Instead of thinking about passing a smoke-free law as a tough choice, please consider it like my parents did twenty years ago. Do I value smoking inside more than I respect people's health?

And choose to pass a strong statewide smoke-free workplaces law.

Until then, I'm holding my breath for smoke-free air.

ASAM

American Society of Addiction Medicine

Public Policy Statement on Clean Indoor Air Policy

Background

Much progress has been made in Clean Indoor Air policy since ASAM decreed -- two decades after the Surgeon General's Report on Tobacco and Health of 1964 -- that there would be no smoking or tobacco use allowed during sessions of the annual ASAM Medical-Scientific Conference.[1]

As we near the 50th Anniversary of that Surgeon General's Report, virtually all hotels, convention centers, and publicly-owned buildings in North America are 'smoke-free'--except, ironically, for some health care facilities (nursing homes or psychiatric or addiction units of hospitals). The dangers of tobacco use to persons actively addicted to tobacco are universally known and accepted. The health aspects of passive exposure to environmental tobacco smoke are also known and widely accepted, and have led city councils to establish clean indoor air standards for cities, and legislatures to consider such standards for entire states. Many major cities in Europe and some entire nations have adopted clean indoor air laws that apply to all publicly and privately owned structures where the public may consort, including restaurants, taverns, and at times open-air stadiums and public parks.

But resistance remains in some areas to universal prohibition of smoking outside of private homes and privately-owned vehicles. This resistance is often presented by advocacy groups that are covertly funded by tobacco manufacturers. Exceptions proposed include taverns, restaurants, and even addiction and psychiatric units of hospital-based or residential treatment facilities. Such exceptions fail to respect the health of employees of such facilities as well as clientele.

When local jurisdictions adopt prohibitions against smoking and neighboring ones do not, it is argued that clientele may cross jurisdictional lines in order to continue to use tobacco products, for instance while dining or drinking. One of the arguments used against adoption of local anti-smoking ordinances is the

[1] See ASAM Public Policy Statement on Clean Air Policy for ASAM Conferences (formerly Clean Air Policy), originally passed in 1986 and revised in 2008 to incorporate a policy of sponsoring ASAM conferences only in locales which have adopted comprehensive smoke-free policies, except in certain specific circumstances.

creation of competitive disadvantages for local business or the creation of a patchwork of jurisdictional differences.

ASAM affirms that regular tobacco use usually occurs in the context of the chronic disease of nicotine addiction, which frequently causes serious morbidity and mortality among those who use tobacco, as well as those who are exposed to environmental smoke from its use. Tobacco smoke is harmful in that it causes symptoms, illnesses, and death, and it affects healing from other health conditions. Smoke-free and tobacco-free environments provide people who would like to quit with an opportunity to practice not smoking and not using other forms of tobacco. Tobacco smoke is a Class A carcinogen, and removal of tobacco smoke from all workplaces, including those in the food service and hospitality industries, is an important step in promoting occupational health.[2]

Recommendations

The American Society of Addiction Medicine recommends:

1. **that all states, commonwealths, provinces, districts and territories of the United States and Canada should adopt area-wide bans on smoking in public places so that ideally there are no municipal differences in regulations within a state/province, and no differences from one jurisdiction to another in such regulations. When state-wide or comparable reforms have not yet been adopted, counties should not be dissuaded from adopting bans on smoking in public places; when county-wide reforms have not yet been adopted, localities should not be dissuaded from adopting bans on smoking in public places;**

2. **that bans on smoking in commercial establishments should make no exceptions for restaurants or taverns;**

3. **that bans on smoking in health care facilities should make no exception for inpatient, outpatient, or residential addiction or psychiatric treatment facilities; and**

4. **that environmental tobacco smoke should be subject to regulation by federal agencies such as the Environmental Protection Agency, the Occupational Safety and Health Administration, the Food and Drug Administration, the Indian Health Service, and the Department of Veterans Affairs.**

Adopted by the ASAM Board of Directors October 2008.

[2] For further detail on ASAM's recommendations for federal, state and local action to reduce nicotine addiction, see ASAM's Public Policy Statement on Nicotine Addiction and Tobacco (formerly Nicotine Dependence and Tobacco), revised in October 2008.

American Society of Addiction Medicine

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ROBIN

Mr. Chairman & Committee Members,

I am one of the few individuals that you will hear from today that will be able to give you firsthand knowledge of the TRUE effect of a smoking ban.

What I am going to tell you is not information from a study or survey. What I am going to tell you is FACT.

I own and operate a bowling center in the city of Madison.

I have been smoke free for almost 4 years.

After having 5 straight years of revenue increases, the Madison ban took effect. I immediately lost 25% of my business. These were customers that wanted to patronize my business, but since they could no longer smoke while bowling, they decided to just stay home.

As a result, I had to lay off 6 employees, one of them being a well paid manager. To this date, he still has not been able to find a job that pays as well as I did. This former Employee recently lost his home to foreclosure.

4 Years later, my business has only recouped 7% of this lost revenue.

All of these claims can be verified with my sales tax returns.

I can only imagine the devastating effects of a smoking ban in a bowling center given today's economy. Just imagine owning a Bowling Center in Beloit, Janesville or Kenosha.

In an attempt to keep as many of my smoking customers as possible, I constructed an outdoor smoking patio. At a cost of over $80,000, this

patio was necessary to allow bowlers to have a cigarette between games.

As you may know, bowling shoes can be damaged if worn outdoors or if they become wet. Given Wisconsin winters, I needed a facility where bowlers could smoke, not damage their shoes and risk injury.

This patio has a roof with walls that are 50% open to the outside. I do have pictures here for your review. What I need to know, will this facility still be allowed under this bill???

see > subst. walls

If the true intent of the bill is to protect my Employees and Non Smokers, then I have already accomplished your goals and my smoking patio should be allowed.

I believe that reasonable provisions will be necessary for Wisconsin Bowling Centers to survive the current economy in addition to a Smoking Ban.

At the same time that you are trying to protect the health of bowling center employees, you may be taking away their ability to provide for themselves and their families.

Please keep this in mind.

Thank you for your time.

ROBIN GOLDBERG
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